



## CALVERT COUNTY DEPARTMENT OF PARKS AND RECREATION

**FACILITY RENTAL APPLICATION**

Return to: Harriet E. Brown Community Center

Mail to or drop off at – 901 Dares Beach Rd,

Prince Frederick, MD 20678

or email to [hebcstaff@calvertcountymd.gov](mailto:hebcstaff@calvertcountymd.gov) or fax to (410) 414-8020

For questions, please call 410-535-1600 ext. 8200/410-535-7080

**Office Use Only**

Date Rcv'd \_\_\_\_\_

Time \_\_\_\_\_

Initials \_\_\_\_\_

Veteran ☐Verified CC Resident ☐Non-CC Resident ☐Age Verification ☐**APPLICANT INFORMATION**

Applicant Name*:	Organization:
Cell Phone:	Alternate Phone:
Address:	Email:
*2 <sup>nd</sup> Applicant Information – Name: _____ Phone Number: _____	

**EVENT INFORMATION**

Event Type:	Day of the week (Circle One) Su M Tu W Th F Sa	Event Date:
Number of chairs needed:	Number of tables needed:	Estimated Attendance:
Facility (Circle One)  Harriet E. Brown Community Center <input type="checkbox"/> <b>**HEBCC Also Available on Weekends from 8:30am to 12:30pm**</b>  Phillips House <input type="checkbox"/>  Mt. Hope Community Center <input type="checkbox"/> <b>** ROOM 8/9 Not Available Until Afternoons**</b>	Rooms (circle one) Harriet E. Brown Community Center: Rm 108 (30) <input type="checkbox"/> Rm 113 (65) <input type="checkbox"/> Rm 118 (20) <input type="checkbox"/> Phillips House: Multipurpose Room (35) <input type="checkbox"/> Mt. Hope Community Center: Rm 1 (45) <input type="checkbox"/> Rm 2 (45) <input type="checkbox"/> Rm 3 (45) <input type="checkbox"/> Rm 5 (45) <input type="checkbox"/> Rm 6 (45) <input type="checkbox"/> Rm 8/9 (150) <input type="checkbox"/>	Time Check In _____ Check Out _____ Friday/Saturday – 1:00pm-5:00pm 5:30pm-9:30pm Sunday – 12:30p-4:30pm 4:45pm-8:45pm Mon-Thurs – Per Availability
Will you have food/drink? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a teen event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete chaperone list on back	

I have received, read and understand the Facility Use Information governing the use of Calvert County Department of Parks and Recreation Community Center facilities. I hereby agree to abide by those regulations, as well as any additional verbal directions given by community center staff. I agree that all members of my party will remain within the assigned event space and that all amplified music will be kept at a level which can only be heard within the confines of that space. I further agree to hold harmless Calvert County Department of Parks and Recreation and its employees for any injuries which may occur to individuals participating in my activity. I also understand that I will be held responsible for any damages that may be caused by our activity. *I will give at least 14 days advance written notification of any cancellation or date transfer request in order to be considered for a date transfer.* I understand that ALCOHOL, NON-PRESCRIPTION DRUGS, INFLATABLES, LIVE ANIMALS (except approved service animals), PUSH PINS, STAPLES OR NAILS ON WALLS ARE NOT ALLOWED AT ANY TIME! ADDITIONAL RULES/LIMITATIONS OUTLINED ON THE ACCOMPANYING SHEETS.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Approved _____	Staff Initials _____	Denied _____	Staff Initials _____	Reason: _____
EVENT DATE	FACILITY	ROOM	TIME	
Total Fees Due \$	Payment Due	Date Received	Payment Type:	
Confirmation Date:	Time:	In Person	Phone	Email
Staff Initials:				
-----EVENT CANCELLATION & REFUND-----				
Date Cancelled		Reason		
Staff Signature	Refund Date	Refund Type		

**STAFF NOTES:**


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**EVENT CHAPERONE LIST (If applicable)**

The Event Chaperone List is a requirement for ALL teen-sponsored activities between the ages of 13-18 years. Teen-sponsored activities must also have a minimum of 5 chaperones ages 21 & older.

**\*NOTE:** Group leaders and chaperones will be held responsible for ALL damages and incidents. Applications **WILL NOT** be processed without an Event Chaperone List. (If applicable)

	NAME	PHONE NUMBER	AGE
1.	_____	Phone _____	_____
2.	_____	Phone _____	_____
3.	_____	Phone _____	_____
4.	_____	Phone _____	_____
5.	_____	Phone _____	_____

**End of Event Check List**

Upon the Facility User's arrival, ask if they will be hanging decorations and if so, what they will be using to secure the decorations. Remind them of the rules – White Sticky Tack only! No command strips, scotch tape, putty, staples, tacks, nails or gum. All decorations must be fully removed.

Date: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Staff on Duty: \_\_\_\_\_ Staff on Duty: \_\_\_\_\_ Staff on Duty: \_\_\_\_\_

Inspection Area	Pass/Fail	Notes
Trash is cleared from the room and placed in the outside trash dumpster		
Tables and chairs wiped down (as needed)		
Floor(s) are swept and spot mopped or Vacuumed		
All decorations and sticky tack removed		
All tables and chairs are correctly stored and placed on the rack(s) properly		

Facility User Departure Signature: \_\_\_\_\_ Comments: \_\_\_\_\_

Staff on Duty Signature: \_\_\_\_\_ Comments: \_\_\_\_\_

Room Capacity	In-County Fees - Up to (4) Hour Block		Non-County Fees - Up to (4) Hour Block	
	Without Food/Drink	With Food/Drink	Without Food/Drink	With Food/Drink
Small (50 or less)	\$10	\$25	\$20	\$50
Medium (51-100)	\$25	\$40	\$50	\$80
Large (101+)	\$50	\$65	\$100	\$130